

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) <input type="checkbox"/> Revision	
3. Date Received: 08/29/2008	4. Applicant Identifier:	
5a. Federal Entity Identifier: NEG-IN-ST-08-001	*5b. Federal Award Identifier:	
State Use Only:		
6. Date Received By State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Indiana Department of Workforce Development		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 35-6000158		*c. Organizational DUNS: 824799613
d. Address:		
*Street 1: 10 N. Senate Avenue Street 2: *City: Indianapolis County: Marion *State: IN Province: *Country: US *Zip / Postal Code: 46204		
e. Organizational Unit:		
Department Name: Field Operations		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: *First Name: Middle Name: *Last Name: <u>Amy Rubeck</u> Suffix:		
Title:		
Organizational Affiliation: Field Operations		
*Telephone Number: (317) 233-6078		Fax Number: (317) 233-6081
*Email: arubeck@dwd.in.gov		

Application for Federal Assistance SF-424	Version 02
*9. Type of Application 1: Select Applicant Type: A. State Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10. Name of Federal Agency: DOL/ETA	
11. Catalog of Federal Domestic Assistance Number: 17 - 260 CFDA Title: WIA DISLOCATED WORKERS	
*12. Funding Opportunity Number: N/A *Title: N/A	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Indiana Economic Growth Region 2 (Elkhart County, St. Joseph County, Marshall County, Kosciusko County, and Fulton County), Lagrange County, and Noble County	
*15. Descriptive Title of Applicant's Project: Indiana Region 2 RV Industry Layoffs	

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16. Congressional Districts Of:		
*a. Applicant: IN District 1, IN District 2, IN District 3, IN District 4, IN District 5, IN District 6, IN District 7, IN District 8, IN District 9 *b. Program/Project: IN District 2, IN District 3		
17. Proposed Project:		
*a. Start Date: 07/10/2008 *b. End Date: 12/31/2010		
18. Estimated Funding (\$):		
*a. Federal:	\$ 10,395,000	
*b. Applicant:	\$ 0	
*c. State:	\$ 0	
*d. Local:	\$ 0	
*e. Other:	\$ 0	
*f. Program Income:	\$ 0	
*g. TOTAL:	\$ 10,395,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	*First Name:	
Middle Name:		
*Last Name:	<u>Martin E. Morrow</u>	
Suffix:		
*Title: Chief Operating Officer		
*Telephone Number: (317) 232-7443	Fax Number: 317-233-1670	
*Email: MaMorrow@dwd.IN.gov		
*Signature of Authorized Representative: (submitted online)	*Date Signed: 08/29/2008	

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. • New - An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a hanged/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.		
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable. f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.	21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)		
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. <table border="0"> <tr> <td style="vertical-align: top;"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td style="vertical-align: top;"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table>	A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)		
A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)				

Project Synopsis Form

State of IN	Amount of Funding Request \$10,395,000	Amount Approved by DOL \$
Project Name: Indiana Region 2 RV Industry Layoffs		
Project Type: Regular		
Description of Activities and Services To Be Provided: The activities and services that will be offered as part of this project are broken into three categories: Individual Training Accounts (ITAs), Supportive Services, and Core/Intensive Services. Within this project, the provisions of ITAs will be the primary service. Workers dislocated from the RV manufacturing industry will be granted an ITA of up to \$6000 over two years (24 months) in order to complete accredited training or an associates degree in a field that falls within the occupations in-demand for North Central Indiana. The second type of service that will be offered to these participants is supportive services. The supportive services will assist participants in providing necessary financial support during their education. Finally, core and intensive services will be offered to every participant. Activities that will be offered as core and intensive services will include ongoing case management, job readiness workshops, and career fairs. The core and intensive services will focus on helping participants prepare for and locate suitable employment before, during, and at the conclusion of training.		
Application Type: Full		
(If Emergency, reason:)		
Description of Dislocation Event: During the summer of 2008, the workforce of Elkhart County, in north-central Indiana, as been devastated by the downturn in the recreational vehicle (RV) industry. To date, at least 6 RV companies located in Elkhart County have announced a number of layoffs, which have caused, or will cause, at least 2,200 employees to be dislocated. Between December 2007 and July 2008, unemployment in Elkhart County rose from 4.7% to 9.3%. With the inclusion of these additional dislocations, it is projected that the unemployment rate could spike to 11 or 12% within the next few months. The objective of this project is to provide approximately 900 individuals dislocated from the RV industry with the opportunity to receive an ITA for up to \$6000 and associated core, intensive and supportive services that will enable these workers to enter into and complete an associates degree or accredited training program in an occupational field that is both high wage and in-demand in North Central Indiana.		
Type of Eligible Dislocation Event: <input type="checkbox"/> Plant Closure/Mass Layoff <input type="checkbox"/> Community Impact Layoffs <input type="checkbox"/> Military Installation <input checked="" type="checkbox"/> Industry Wide : 31-33 - Manufacturing		
Applicant Contact Person: Amy Rubeck		
Street Address 1: 10 N. Senate Avenue		
Street Address 2:		
City: Indianapolis State: IN Zip Code: 46204		
Telephone: (317) 233-6078		
Fax: (317) 233-6081		
Email: arubeck@dwd.in.gov		
Planned Number of Participants:	900	Planned Entered Employment Rate: 78%
Planned Cost per Participant:	\$11550	Actual Cost per Participant in Prior PY: \$5159
% of Planned Participants Receiving NRPs: 0%		Planned Earnings: 14689
Counties included in Project Service Area: Indiana Economic Growth Region 2 (Elkhart County, St. Joseph County, Marshall County, Kosciusko County, and Fulton County), Lagrange County, and Noble County		
Project Operator Listing: Indiana Department of Workforce Development		

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Dutchmen Manufacturing	305 Steury Avenue Goshen, IN 46526	Public Announcement by Employer	07/04/2008	08/24/2008	116 Closure: No

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 07/07/2008 Contact with Workers: 07/23/2008 07/30/2008 08/06/2008	116	80	Date Filed: 0 Number of Workers Covered Not applicable	46	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Keystone RV Company	2642 Hackberry Drive Goshen, IN 46526	Public Announcement by Employer	08/08/2008	08/07/2008	290 Closure: No

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 08/07/2008 Contact with Workers: 08/12/2008 08/13/2008	200	None	Date Filed: 0 Number of Workers Covered Not applicable	116	None

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Monaco Coach	1205 E. Lincoln Street Nappanee, IN 46550	WARN	07/17/2008	09/17/2008	117 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008	110	82	Date Filed: 0 Number of Workers Covered Not applicable	50	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Monaco Coach	1809 W. Hively Avenue Elkhart, IN 46517	WARN	07/17/2008	09/17/2008	43 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008	40	30	Date Filed: 0 Number of Workers Covered Not applicable	18	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Monaco Coach	606 Nelson's Parkway Wakarusa, IN 46573	WARN	07/17/2008	09/17/2008	988 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008	975	692	Date Filed: 0 Number of Workers Covered Not applicable	385	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Monaco Coach	1901 W. Hively Avenue Elkhart, IN 46517	WARN	07/17/2008	09/17/2008	131 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008	125	92	Date Filed: 0 Number of Workers Covered Not applicable	55	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Monaco Coach	2700 S. Nappanee Street Elkhart, IN 46517	WARN	07/17/2008	09/17/2008	150 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008	130	None	Date Filed: 0 Number of Workers Covered Not applicable	60	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Newmar Corporation	355 N. Delaware Street Nappanee, IN 46550	Public Announcement by Employer	07/10/2008	07/09/2008 08/13/2008	160 31 Closure: No

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 06/30/2008 Contact with Workers: 08/18/2008	180	75	Date Filed: 0 Number of Workers Covered Not applicable	72	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Pilgrim International	109 14th Avenue Middlebury, IN 46540	Public Announcement by Employer	08/09/2008	08/09/2008	46 Closure: No

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: None Contact with Workers: 08/18/2008	40	None	Date Filed: 0 Number of Workers Covered Not applicable	17	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Pilgrim International	109 14th Avenue Middlebury, IN 46540	Public Announcement by Employer	08/09/2008	08/09/2008	132 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: None Contact with Workers: 08/18/2008	130	0	Date Filed: 0 Number of Workers Covered Not applicable	50	None

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Sundowner Trailers	1110 County Road 6 West Elkhart, IN 46514	WARN	08/01/2008	10/03/2008	80 Closure: Yes

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 08/01/2008 08/05/2008 Contact with Workers: 08/18/2008 08/19/2008	0	None	Date Filed: 0 Number of Workers Covered Not applicable	31	

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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Project Operator Data Form

Project Operator: Indiana Department of Workforce Development		
Street Address 1: 10 N. Senate Avenue		
Street Address 2:		
City: Indianapolis	State: IN	Zip Code: 46204
Contact Person: Amy Rubeck		
Telephone: (317) 233-6078		
FAX: (317) 233-6081		
Email: arubeck@dwd.in.gov		
Duration of Project Operator Agreement:	Start: 07/10/2008	End: 12/31/2010
Funding Level: \$6,930,000		
Number of Participants: 900		
Counties included in Project Operator Service Area: All counties in State of Indiana		

ETA 9107 (February 2003)

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Planning Form (Regular) (page 1 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER									
	ADMIN	PROGRAM	QTR1 09/30/2008	QTR2 12/31/2008	QTR3 03/31/2009	QTR4 06/30/2009	QTR5 09/30/2009	QTR6 12/31/2009	QTR7 03/31/2010	QTR8 06/30/2010
IMPLEMENTATION SCHEDULE										
Receiving Intensive Services			400	600	900	900	900	900	900	900
Enrolled In Training			0	200	600	900	900	900	900	900
Receiving Supportive Services			0	200	600	900	900	900	900	900
Receiving Needs-Related Payments			0	0	0	0	0	0	0	0
Exits			0	0	100	175	300	400	500	600
Entering Employment At Exit			0	0	78	137	234	312	390	468
Total Planned Participants			400	600	900	900	900	900	900	900
Supportive Services		3,150,000	0	350,000	700,000	1,050,000	1,400,000	1,750,000	2,100,000	2,450,000
Admin Excluding NRP Processing*	315,000		0	35,000	70,000	105,000	140,000	175,000	210,000	245,000
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total: Program Management And Oversight	315,000	0	0	35,000	70,000	105,000	140,000	175,000	210,000	245,000
Indirect*	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total Expenditures: Grantee Level	315,000	3,150,000	0	385,000	770,000	1,155,000	1,540,000	1,925,000	2,310,000	2,695,000
Core And Intensive Services		900,000	90,000	180,000	270,000	360,000	450,000	540,000	630,000	720,000
Training		5,400,000	0	600,000	1,200,000	1,800,000	2,400,000	3,000,000	3,600,000	4,200,000
Supportive Services		0	0	0	0	0	0	0	0	0
NRPs*		0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Admin Excluding NRP Processing*	630,000		9,000	78,000	147,000	216,000	285,000	354,000	423,000	492,000
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total: Program Management And Oversight	630,000	0	9,000	78,000	147,000	216,000	285,000	354,000	423,000	492,000
Total Expenditures: Project Operator Level	630,000	6,300,000	99,000	858,000	1,617,000	2,376,000	3,135,000	3,894,000	4,653,000	5,412,000
Total Expenditures: Grantee And Project Operator Level	945,000	9,450,000	99,000	1,243,000	2,387,000	3,531,000	4,675,000	5,819,000	6,963,000	8,107,000

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Planning Form (Regular) (page 2 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER	
	QTR9 09/30/2010	QTR10 12/31/2010
IMPLEMENTATION SCHEDULE		
Receiving Intensive Services	900	900
Enrolled In Training	900	900
Receiving Supportive Services	900	900
Receiving Needs-Related Payments	0	0
Exits	800	900
Entering Employment At Exit	624	702
Total Planned Participants	900	900
Supportive Services	2,800,000	3,150,000
Admin Excluding NRP Processing*	280,000	315,000
NRP Processing*	0	0
Other*	0	0
Total: Program Management And Oversight	280,000	315,000
Indirect*	0	0
Other*	0	0
Total Expenditures: Grantee Level	3,080,000	3,465,000
Core And Intensive Services	810,000	900,000
Training	4,800,000	5,400,000
Supportive Services	0	0
NRPs*	0	0
Other*	0	0
Admin Excluding NRP Processing*	561,000	630,000
NRP Processing*	0	0
Other*	0	0
Total: Program Management And Oversight	561,000	630,000
Total Expenditures: Project Operator Level	6,171,000	6,930,000
Total Expenditures: Grantee And Project Operator Level	9,251,000	10,395,000

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Narrative Statements

Project Type: Regular
<p>GENERAL EXPLANATION: Please enter any information that would benefit the reviewers who will approve or deny this application. Use this area to explain items and concepts that you feel need additional information, items that need DOL specialist attention during the review process, or any information on how the program is meeting demand-driven goals.</p> <p>General Explanation of proposed project is available in attached document, titled NEG-IN-ST-08-001 General Explanation.</p>
Project Overview
<p>Please explain why planned entered employment rate is less than the negotiated state goal.</p> <p>The one-stop system in Indiana is going through and extensive reorganization, based around the functional integration of WIA, Wagner-Peyser, and TAA programs. In addition, the State of Indiana recently received a waiver from DOL-ETA that allows the State to waive the statutory WIA performance measures and move solely to Common Measures.</p> <p>Because of these changes, the State is currently working with DOL-ETA to renegotiate Common Performance Measures that will accurately reflect the expected levels of performance for the new, integrated system. The State is in the public comment phase of its proposed Common Measures goals for PY08. Once the public comment phase is concluded, in September 2008, the State will negotiate its final goals for PY08 with DOL-ETA. The State would request that the goals established through these negotiations be the goals for this project.</p> <p>The proposed entered employment rate of 78% for this project was calculated by averaging the PY07 WIA State Dislocated Workers entered employment rate of 89% and the PY07 Wagner-Peyser entered employment rate of 66%. The State of Indiana believes that the 78% entered employment rate proposed for this project is better representative of the integrated system of Indiana than the original negotiated level of 89%.</p> <p>It should also be noted that the proposed performance level or 78% for entered employment was approved for the ATA worker NEG that was awarded to the State on June 24, 2008.</p>
<p>Please explain why the planned cost per participant exceeds the cost under the formula program.</p> <p>The primary reasons for the relatively high cost-per-participant for the proposed National Emergency Grant is the estimated cost of training and the inclusion of core/intensive, and supportive services.</p> <p>Detailed explanation for planned cost per participant is available in attached document, titled, NEG-IN-ST-08-001 Cost per Participant Explanation.</p>
Employers/Events
<p>If no Rapid Response was initiated with the employer(s) despite prior notification of layoffs - please explain. Company: Pilgrim International (Middlebury, IN)</p> <p>Pilgrim International did not give any notice to workers and/or State of Indiana. Public announcement was made the day after the doors were locked. Subsequent phone calls to Pilgrim facilities have not been answered.</p>
<p>If no Rapid Response was initiated with the employer(s) despite prior notification of layoffs - please explain. Company: Pilgrim International (Middlebury, IN)</p> <p>Pilgrim International did not give employees or the State of Indiana any advance notice of their intentions to close. The company announced the closing a day after the doors to the facility were closed and locked. Subsequent phone calls to the Pilgrim facility have been unanswered.</p>
<p>Please explain why the number of planned participants for this employer is less than 50. Company: Dutchmen Manufacturing (Goshen, IN)</p> <p>Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 332); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.</p>
<p>Please explain why the number of planned participants for this employer is less than 50. Company: Monaco Coach (Elkhart, IN)</p> <p>The number of planned participants for this employer is less than 50 because this is a smaller facility of Monaco Coach, which has three larger facilities in the same county. Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 332); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.</p>
<p>Please explain why the number of planned participants for this employer is less than 50. Company: Pilgrim International (Middlebury, IN)</p> <p>Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 332); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.</p>
<p>Please explain why the number of planned participants for this employer is less than 50. Company: Sundowner Trailers (Elkhart, IN)</p>

The number of planned participants for this employer is less than 50 because this company is a smaller employer. Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 332); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.

Project Plan**Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing - Program Management and Oversight (Grantee Level).**

The Indiana Department of Workforce Development is both the grantee and project operator for this project. Administrative excluding NRP Processing, and Total Program Management and Oversight Expenditures at the Grantee Level (\$315,000) are not greater than 10% of total Expenditures (\$3,465,000).

Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing (Project Operator Level).

The Indiana Department of Workforce Development is both the grantee and project operator for this project. Administrative excluding NRP Processing, and Total Program Management and Oversight Expenditures at the Project Operator Level (\$630,000) are not greater than 10% of total Expenditures (\$6,930,000).